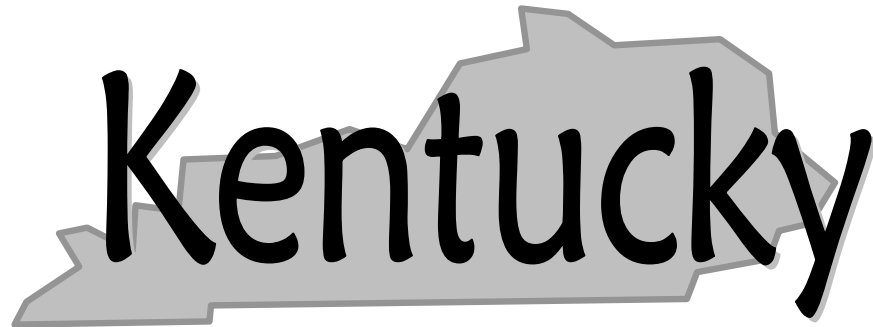


# **2010 ANNUAL SURVEY OF LICENSED HOME HEALTH SERVICES**



**January 1 through December 31, 2010**

**CABINET FOR HEALTH AND FAMILY SERVICES  
OFFICE OF HEALTH POLICY  
275 EAST MAIN STREET 4W-E  
FRANKFORT, KY 40621**

Completion required by 902 KAR 20:008 (rev 10-15-03) and 900 KAR 6:125

# 2010 ANNUAL SURVEY OF LICENSED HOME HEALTH SERVICES

## INTRODUCTION

The Kentucky Annual Survey of Licensed Home Health Services is now required to be completed and submitted via the internet. The printable version of the survey is for your convenience in completing the survey on paper before submitting the data online. The survey may be submitted on the following website: **<https://apps.chfs.ky.gov/OHPSurvey/Default.aspx>**.

The accuracy and completeness of the data reported in this survey are essential to the process of health planning in Kentucky. It also represents the data requirements as set forth in 902 KAR 20:008 (rev 10-15-03) and 900 KAR 6:125. All items must be completed with actual tabulated data before this survey will be considered acceptable. Surveys are due March 15, 2011. All survey extension requests must be approved by the Office of Health Policy. Policies regarding data submission and changes to data can be reviewed on the OHP website: **<http://chfs.ky.gov/ohp/>**.

You are responsible for the accuracy of the data reported in this survey. Failure to complete and correct the indicated parts of the survey will result in your facility being reported to the Office of the Inspector General for a licensure deficiency. Retain a copy of the completed survey for your files.

If there are any questions concerning the preparation of this survey, please contact Sheena Lewis Eckley (502) 564-9592 or email [sheena.lewis@ky.gov](mailto:sheena.lewis@ky.gov).

## REPORTING PERIOD

- Report data for the annual period, **January 1 through December 31, 2010.**

## 2010 KENTUCKY ANNUAL HOME HEALTH SERVICES SURVEY GENERAL INSTRUCTIONS

The Cabinet for Health and Family Services is collecting home health data for the January 1 through December 31, 2010 survey period. The survey consists of four sections **to collect data from Home Health Services, EPSDT, HCBS Waiver, Model Waiver II and Private Duty Nursing**. Do not report data related to Homecare or Hospice. **Report only Kentucky counties served in 2010**. Please report the required data by the following definitions for each section.

### **TRADITIONAL HOME HEALTH SERVICES**

#### **Agency Census, Admissions & Discharges January 1, 2010 - December 31, 2010**

- Beginning Census - Enter the number of unduplicated patients admitted for services as of **January 1, 2010**, by county. (Patients carried over from 2010)
- Admissions During 2010 - Enter the total number of admissions made from **January 1, 2010 to December 31, 2010**, by county (**including re-admissions**).
- Discharges During 2010 - Enter the number of total discharges (including deaths) made from **January 1, 2010 to December 31, 2010**, by county.
- Ending Census - Enter the number of unduplicated patients admitted for services as of **December 31, 2010**, by county. (Beginning Census + Admissions - Discharges = Ending Census).

**Number of Patients Served by Age Group by County:** Count one time each unduplicated patient who was seen by a Skilled Nurse (RN/LPN), a therapist, or a Home Health Aide during the reporting period, i.e., a patient served during this period should be counted once. Enter the correct number of patients served in the appropriate age group and county. The total patients served should not be greater than the beginning census + admissions in the Traditional Home Health census. Traditional Home Health Private Duty Nursing should be counted separately by age groups.

**Number of Patients and Visits by Service by County:** Enter the number of patients served by each discipline in each county in the appropriate box and the total number of visits delivered by that discipline in that county.

**Traditional Private Duty Nursing:** Enter the number of patients who were served by an RN, LPN or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments. Traditional Private Duty Nursing services are those that are provided under the Home Health license. Do not include Private Duty Nursing Services that are provided under EPSDT.

#### **Home Health Notes:**

Home Health patients are defined as those receiving a skilled or non-skilled home health service provided under physician's orders. A Home Health visit is defined as services provided by a trained nurse, through a licensed home health agency, who gives medical care and advice to patients in their place of residence that is prescribed by the patient's attending physician as part of a written plan of care.

**2010 KENTUCKY ANNUAL HOME HEALTH SERVICES SURVEY  
GENERAL INSTRUCTIONS, CONTINUED**

**EPSDT – EARLY PERIODIC SCREENING AND DIAGNOSTIC TESTING**

**Agency Census, Admissions & Discharges January 1, 2010 - December 31, 2010:** Enter census data for EPSDT services. Enter beginning census, admissions, discharges and ending census. See above for clarification. This section should include EPSDT therapy services data only.

**Number of Patients Served by Age Group by County:** Count one time each unduplicated patient who was served under EPSDT therapy services and/or Private Duty Nursing services. Enter the correct number of patients served in the appropriate age group and county. The total patients served should not be greater than the beginning census + admissions in each category.

**Number of EPSDT Patients and Visits by Service by County:** Enter the number of EPSDT patients served by each discipline in each county in the appropriate box and the total number of visits delivered by that discipline in that county.

**EPSDT Private Duty Nursing:** Enter the number of patients who were served by an RN, LPN or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments. EPSDT Private Duty Nursing services are those that are provided under the Home Health license.

**HCBS WAIVER – HOME AND COMMUNITY SERVICES WAIVER**

**Agency Census, Admissions & Discharges January 1, 2010 - December 31, 2010:** Enter census data for HCB Waiver services. Enter beginning census, admissions, discharges and ending census. See above for clarification. This section should include HCB Waiver service data only.

**Number of HCB Waiver Service Patients Served by Age Group by County:** Count one time each unduplicated patient who received any HCB Waiver services during this period. A patient should be counted once. Enter the correct number of patients served in the appropriate age group and county. The total patients served should not be greater than the beginning census + admissions in the HCB Waiver service census.

**Number of HCB Waiver Service Patients and Visits by Service by County:** Enter the number of HCB Waiver service patients served by each discipline in each county in the appropriate box and the total number of units of service delivered by that discipline in that county.

**Number of HCB Waiver Service Assessments:** Enter the number of HCB assessments performed by county. Provide data for those determined to be ineligible, eligible and referred to CDO.

**2010 KENTUCKY ANNUAL HOME HEALTH SERVICES SURVEY  
GENERAL INSTRUCTIONS, CONTINUED**

**MODEL WAIVER II SERVICES**

**Agency Census, Admissions & Discharges January 1, 2010 - December 31, 2010:** Enter census data for Model Waiver II services. Enter beginning census, admissions, discharges and ending census. See above for clarification. This section should include Model Waiver II services data only.

**Number of Model Waiver II Patients Served by Age Group by County:** Count one time each unduplicated patient who was served under Model Waiver II during this period. A patient should be counted once. Enter the correct number of patients served in the appropriate age group and county. Leave all other cells blank. The total patients served should not be greater than the beginning census + admissions in the Model Waiver II census.

**Number of Model Waiver II Patients and Units by Service by County:** Enter the number of Model Waiver II services patients served by each discipline in each county in the appropriate box and the total number of units of service delivered by that discipline in that county. Report units of service in 1 hour increments.

**Please retain a copy of the survey for your agency's files.** All questions regarding this survey should be directed to Sheena Lewis at (502)564-9592 or e-mail [sheena.lewis@ky.gov](mailto:sheena.lewis@ky.gov).

**SECTION I: TRADITIONAL HOME HEALTH SERVICES**

This section should only include data regarding traditional home health services. Do not include EPSDT, HCBS, or Model Waiver II. Private Duty Nursing provided under traditional home health services should be reported in separate census and service category. **Agency Census, Admissions & Discharges January 1, 2010 - December 31, 2010:** Enter census data for Traditional Home Health services. **Do not include Private Duty Nursing services census in this area.**

COUNTY SERVED	BEGINNING CENSUS	ADMISSIONS	DISCHARGES	ENDING CENSUS
«COUNTY1»				
«COUNTY2»				
«COUNTY3»				
«COUNTY4»				
«COUNTY5»				
«COUNTY6»				
«COUNTY7»				
«COUNTY8»				
«COUNTY9»				
«COUNTY10»				
«COUNTY11»				
«COUNTY12»				
«COUNTY13»				
«COUNTY14»				

**Agency Census, Admissions & Discharges January 1, 2010 - December 31, 2010:**

Enter census data for Traditional Home Health Private Duty Nursing services only.

COUNTY SERVED	BEGINNING CENSUS	ADMISSIONS	DISCHARGES	ENDING CENSUS
«COUNTY1»				
«COUNTY2»				
«COUNTY3»				
«COUNTY4»				
«COUNTY5»				
«COUNTY6»				
«COUNTY7»				
«COUNTY8»				
«COUNTY9»				
«COUNTY10»				
«COUNTY11»				
«COUNTY12»				
«COUNTY13»				
«COUNTY14»				

**Number of Traditional Home Health Patients Served by Age Group by County:** Count one time each unduplicated patient who was served by a Skilled Nurse (RN/LPN), a therapist, or a Home Health Aide during the reporting period. The total patients served should not be greater than the beginning census + admissions in each category. Traditional Private Duty Nursing should be counted separately by age groups.

COUNTY SERVED	AGE <1	AGES 1-5	AGES 6-14	AGES 15-20	AGES 21-32	AGES 33-44	AGES 45-64	AGES 65-74	AGES 75-84	AGES 85+	TOTAL PATIENTS SERVED
«COUNTY1»											
«COUNTY2»											
«COUNTY3»											
«COUNTY4»											
«COUNTY5»											
«COUNTY6»											
«COUNTY7»											
«COUNTY8»											
«COUNTY9»											
«COUNTY10»											
«COUNTY11»											
«COUNTY12»											
«COUNTY13»											
«COUNTY14»											

**Number of Traditional Home Health Private Duty Nursing Patients Served by Age Group by County:** Count one time each unduplicated patient who was served by a Skilled Nurse (RN/LPN), a therapist, or a Home Health Aide during the reporting period. The total patients served should not be greater than the beginning census + admissions in each category. Traditional Private Duty Nursing should be counted separately by age groups.

COUNTY SERVED	AGE <1	AGES 1-5	AGES 6-14	AGES 15-20	AGES 21-32	AGES 33-44	AGES 45-64	AGES 65-74	AGES 75-84	AGES 85+	TOTAL PATIENTS SERVED
«COUNTY1»											
«COUNTY2»											
«COUNTY3»											
«COUNTY4»											
«COUNTY5»											
«COUNTY6»											
«COUNTY7»											
«COUNTY8»											
«COUNTY9»											
«COUNTY10»											
«COUNTY11»											
«COUNTY12»											
«COUNTY13»											
«COUNTY14»											

**Number of Patients and Visits by Service by County:** Enter the number of patients served by each discipline in each county in the appropriate box and the total number of visits delivered by that discipline in that county.

COUNTY SERVED	TOTAL NUMBER OF PATIENT SERVICES	TOTAL NUMBER OF VISITS (ALL DISCIPLINES)	SKILLED NURSING PATIENTS	SKILLED NURSING NUMBER OF VISITS	HOME HEALTH AIDE PATIENTS	HOME HEALTH AIDE NUMBER OF VISITS
«COUNTY1»						
«COUNTY2»						
«COUNTY3»						
«COUNTY4»						
«COUNTY5»						
«COUNTY6»						
«COUNTY7»						
«COUNTY8»						
«COUNTY9»						
«COUNTY10»						
«COUNTY11»						
«COUNTY12»						
«COUNTY13»						
«COUNTY14»						

COUNTY SERVED	PHYSICAL THERAPY NUMBER OF PATIENTS	PHYSICAL THERAPY NUMBER OF VISITS	OCCUPATIONAL THERAPY NUMBER OF PATIENTS	OCCUPATIONAL THERAPY NUMBER OF VISITS	SPEECH THERAPY NUMBER OF PATIENTS	SPEECH THERAPY NUMBER OF VISITS
«COUNTY1»						
«COUNTY2»						
«COUNTY3»						
«COUNTY4»						
«COUNTY5»						
«COUNTY6»						
«COUNTY7»						
«COUNTY8»						
«COUNTY9»						
«COUNTY10»						
«COUNTY11»						
«COUNTY12»						
«COUNTY13»						
«COUNTY14»						



**Traditional Private Duty Nursing:** Enter the number of patients who were served by an RN, LPN, or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments.

COUNTY SERVED	TOTAL RN/LPN/NA PATIENTS SERVED	TOTAL NUMBER OF INCREMENTS	RN PATIENTS SERVED	RN UNITS (1 HOUR INCREMENTS)	LPN PATIENTS SERVED	LPN UNITS (1 HOUR INCREMENTS)	NURSING ASSISTANT PATIENTS SERVED	NURSING ASSISTANT UNITS (1 HOUR INCREMENTS)
«COUNTY1»								
«COUNTY2»								
«COUNTY3»								
«COUNTY4»								
«COUNTY5»								
«COUNTY6»								
«COUNTY7»								
«COUNTY8»								
«COUNTY9»								
«COUNTY10»								
«COUNTY11»								
«COUNTY12»								
«COUNTY13»								
«COUNTY14»								

**SECTION II: EPSDT – EARLY PERIODIC SCREENING AND DIAGNOSTIC TESTING**

This section should include EPSDT service data only.

**Agency Census, Admissions & Discharges January 1, 2010 – December 31, 2010:** Enter census data for EPSDT therapy services. Enter beginning census, admissions, discharges and ending census.

COUNTY SERVED	BEGINNING CENSUS	ADMISSIONS	DISCHARGES	ENDING CENSUS
«COUNTY1»				
«COUNTY2»				
«COUNTY3»				
«COUNTY4»				
«COUNTY5»				
«COUNTY6»				
«COUNTY7»				
«COUNTY8»				
«COUNTY9»				
«COUNTY10»				
«COUNTY11»				
«COUNTY12»				
«COUNTY13»				
«COUNTY14»				

**Agency Census, Admissions & Discharges January 1, 2010 – December 31, 2010:** for EPSDT Private Duty Nursing Services only.

COUNTY SERVED	BEGINNING CENSUS	ADMISSIONS	DISCHARGES	ENDING CENSUS
«COUNTY1»				
«COUNTY2»				
«COUNTY3»				
«COUNTY4»				
«COUNTY5»				
«COUNTY6»				
«COUNTY7»				
«COUNTY8»				
«COUNTY9»				
«COUNTY10»				
«COUNTY11»				
«COUNTY12»				
«COUNTY13»				
«COUNTY14»				

**Number of Patients Served by Age Group by County:** Count one time each unduplicated patient who was served under EPSDT therapy services. Enter the correct number of patients served in the appropriate age group and county. The total patients served should not be greater than the beginning census + admissions in each category.

COUNTY SERVED	AGE <1	AGES 1-5	AGES 6-14	AGES 15-20	AGES 21-32	AGES 33-44	AGES 45-64	AGES 65-74	AGES 75-84	AGES 85+	TOTAL PATIENTS SERVED
«COUNTY1»											
«COUNTY2»											
«COUNTY3»											
«COUNTY4»											
«COUNTY5»											
«COUNTY6»											
«COUNTY7»											
«COUNTY8»											
«COUNTY9»											
«COUNTY10»											
«COUNTY11»											
«COUNTY12»											
«COUNTY13»											
«COUNTY14»											

**Number of Patients Served by Age Group by County:** Count one time each unduplicated patient who was served under EPSDT Private Duty Nursing services. Enter the correct number of patients served in the appropriate age group and county. The total patients served should not be greater than the beginning census + admissions in each category.

COUNTY SERVED	AGE <1	AGES 1-5	AGES 6-14	AGES 15-20	AGES 21-32	AGES 33-44	AGES 45-64	AGES 65-74	AGES 75-84	AGES 85+	TOTAL PATIENTS SERVED
«COUNTY1»											
«COUNTY2»											
«COUNTY3»											
«COUNTY4»											
«COUNTY5»											
«COUNTY6»											
«COUNTY7»											
«COUNTY8»											
«COUNTY9»											
«COUNTY10»											
«COUNTY11»											
«COUNTY12»											
«COUNTY13»											
«COUNTY14»											

**Number of EPSDT Patients and Visits by Service by County:** Enter the number of EPSDT patients served by each discipline in each county in the appropriate box and the total number of visits delivered by that discipline in that county.

COUNTY SERVED	TOTAL NUMBER OF PATIENT SERVICES	TOTAL NUMBER OF VISITS	PHYSICAL THERAPY NUMBER VISITS	PHYSICAL THERAPY NUMBER PATIENTS SERVED	SPEECH THERAPY NUMBER VISITS	SPEECH THERAPY NUMBER PATIENTS SERVED	OCCUPATIONAL THERAPY NUMBER VISITS	OCCUPATIONAL THERAPY NUMBER PATIENTS SERVED
«COUNTY1»								
«COUNTY2»								
«COUNTY3»								
«COUNTY4»								
«COUNTY5»								
«COUNTY6»								
«COUNTY7»								
«COUNTY8»								
«COUNTY9»								
«COUNTY10»								
«COUNTY11»								
«COUNTY12»								
«COUNTY13»								
«COUNTY14»								

**EPSDT Private Duty Nursing:** Enter the number of patients who were served by an RN, LPN, or Nursing Assistant during the reporting period. Report each unit of service in 1 hour increments.

COUNTY SERVED	TOTAL NUMBER RN/LPN/NA PATIENTS SERVED	TOTAL NUMBER OF UNITS	RN PATIENTS SERVED	RN UNITS (1 HOUR INCREMENTS)	LPN PATIENTS SERVED	LPN UNITS (1 HOUR INCREMENTS)	NURSING ASSISTANT PATIENTS SERVED	NURSING ASSISTANT UNITS (1 HOUR INCREMENTS)
«COUNTY1»								
«COUNTY2»								
«COUNTY3»								
«COUNTY4»								
«COUNTY5»								
«COUNTY6»								
«COUNTY7»								
«COUNTY8»								
«COUNTY9»								
«COUNTY10»								
«COUNTY11»								
«COUNTY12»								
«COUNTY13»								
«COUNTY14»								

### **SECTION III: HCBS WAIVER: Home and Community Based Waiver**

This section should only include data regarding HCB Waiver services.

**Agency Census, Admissions & Discharges January 1, 2010 – December 31, 2010:** Enter census data for HCB Waiver Services. Enter beginning census, admissions, discharges and ending census.

COUNTY SERVED	BEGINNING CENSUS	ADMISSIONS	DISCHARGES	ENDING CENSUS
«COUNTY1»				
«COUNTY2»				
«COUNTY3»				
«COUNTY4»				
«COUNTY5»				
«COUNTY6»				
«COUNTY7»				
«COUNTY8»				
«COUNTY9»				
«COUNTY10»				
«COUNTY11»				
«COUNTY12»				
«COUNTY13»				
«COUNTY14»				

**Number of HCB Waiver Patients Served by Age Group by County:** Count one time each unduplicated patient who received any HCB services. Enter the Correct number of patients served in the appropriate age group and county. The total patients served should not be greater than the beginning census + admissions in the HCB Waiver Service census.

COUNTY SERVED	AGE <1	AGES 1-5	AGES 6-14	AGES 15-20	AGES 21-32	AGES 33-44	AGES 45-64	AGES 65-74	AGES 75-84	AGES 85+	TOTAL PATIENTS SERVED
«COUNTY1»											
«COUNTY2»											
«COUNTY3»											
«COUNTY4»											
«COUNTY5»											
«COUNTY6»											
«COUNTY7»											
«COUNTY8»											
«COUNTY9»											
«COUNTY10»											
«COUNTY11»											
«COUNTY12»											
«COUNTY13»											
«COUNTY14»											

**HCBS Waiver – Home and Community Based Services Waiver: Number of Visits by Service by County:** Enter the number of visits by each category in each county in the appropriate box. Services are to be reported by increments.

COUNTY SERVED	TOTAL NUMBER OF PATIENT SERVICES	TOTAL NUMBER OF UNITS	PERSONAL CARE PATIENTS SERVED	PERSONAL CARE NUMBER OF UNITS (1/2 HOUR INCREMENTS)	RESPIRE CARE PATIENTS SERVED	RESPIRE CARE NUMBER OF UNITS (1 HOUR INCREMENTS)
«COUNTY1»						
«COUNTY2»						
«COUNTY3»						
«COUNTY4»						
«COUNTY5»						
«COUNTY6»						
«COUNTY7»						
«COUNTY8»						
«COUNTY9»						
«COUNTY10»						
«COUNTY11»						
«COUNTY12»						
«COUNTY13»						
«COUNTY14»						

COUNTY SERVED	ATTENDANT CARE PATIENTS SERVED	ATTENDANT CARE UNITS OF SERVICE (1 HOUR INCREMENTS)	CASE MANAGEMENT PATIENTS SERVED	CASE MANAGEMENT UNITS OF SERVICE (1/4 HOUR INCREMENTS)	HOME MAKER PATIENTS SERVED	HOME MAKER UNITS OF SERVICE (1/2 HOUR INCREMENTS)
«COUNTY1»						
«COUNTY2»						
«COUNTY3»						
«COUNTY4»						
«COUNTY5»						
«COUNTY6»						
«COUNTY7»						
«COUNTY8»						
«COUNTY9»						
«COUNTY10»						
«COUNTY11»						
«COUNTY12»						
«COUNTY13»						
«COUNTY14»						

**Number of HCB Waiver Service Assessments:** Enter the number of HCB assessments and reassessments performed by county. Provide data for those determined to be ineligible, eligible and referred to CDO.

COUNTY SERVED	TOTAL INITIAL ASSESSMENTS	TOTAL REASSESS-MENTS	DETERMINED INELIGIBLE ASSESSMENT	DETERMINED INELIGIBLE REASSESS-MENT	DETERMINED ELIGIBLE ASSESSMENT	DETERMINED ELIGIBLE REASSESS-MENT	REFERRED TO CDO INITIAL ASSESSMENT	REFERRED TO CDO REASSESSMENT
«COUNTY1»								
«COUNTY2»								
«COUNTY3»								
«COUNTY4»								
«COUNTY5»								
«COUNTY6»								
«COUNTY7»								
«COUNTY8»								
«COUNTY9»								
«COUNTY10»								
«COUNTY11»								
«COUNTY12»								
«COUNTY13»								
«COUNTY14»								



#### **SECTION IV: MODEL WAIVER II SERVICES**

This section should only include data regarding Model Waiver II services.

**Agency Census, Admissions & Discharges January 1, 2010 – December 31, 2010:** Enter the census data for Model Waiver II services. The total patients served should not be greater than the beginning census + admissions in the HCB Waiver Service census.

<b>COUNTY SERVED</b>	<b>BEGINNING CENSUS</b>	<b>ADMISSIONS</b>	<b>DISCHARGES</b>	<b>ENDING CENSUS</b>
«COUNTY1»				
«COUNTY2»				
«COUNTY3»				
«COUNTY4»				
«COUNTY5»				
«COUNTY6»				
«COUNTY7»				
«COUNTY8»				
«COUNTY9»				
«COUNTY10»				
«COUNTY11»				
«COUNTY12»				
«COUNTY13»				
«COUNTY14»				

**Number of Model Waiver II Patients Served by Age Group by County:** Count one time each unduplicated patient who received any HCB services. Enter the Correct number of patients served in the appropriate age group and county. The total patients served should not be greater than the beginning census + admissions in the HCB Waiver Service census.

<b>COUNTY SERVED</b>	<b>AGE &lt;1</b>	<b>AGES 1-5</b>	<b>AGES 6-14</b>	<b>AGES 15-20</b>	<b>AGES 21-32</b>	<b>AGES 33-44</b>	<b>AGES 45-64</b>	<b>AGES 65-74</b>	<b>AGES 75-84</b>	<b>AGES 85+</b>	<b>TOTAL PATIENTS SERVED</b>
«COUNTY1»											
«COUNTY2»											
«COUNTY3»											
«COUNTY4»											
«COUNTY5»											
«COUNTY6»											
«COUNTY7»											
«COUNTY8»											
«COUNTY9»											
«COUNTY10»											
«COUNTY11»											
«COUNTY12»											
«COUNTY13»											
«COUNTY14»											

**Number of Model Waiver II Patients and Units by Service by County:** Enter the number of Model Waiver II services patients served by each discipline in each county in the appropriate box and the total number of units of delivered by that discipline in that county. Report units of service in 1 hour increments.

COUNTY SERVED	TOTAL RN/LPN PATIENTS SERVED	TOTAL UNITS OF SERVICE (1 HOUR INCREMENTS)	LPN PATIENTS SERVED	LPN UNITS OF SERVICE (1 HOUR INCREMENTS)	RN PATIENTS SERVED	RN UNITS OF SERVICE (1 HOUR INCREMENTS)
«COUNTY1»						
«COUNTY2»						
«COUNTY3»						
«COUNTY4»						
«COUNTY5»						
«COUNTY6»						
«COUNTY7»						
«COUNTY8»						
«COUNTY9»						
«COUNTY10»						
«COUNTY11»						
«COUNTY12»						
«COUNTY13»						
«COUNTY14»						

# 2010 ANNUAL SURVEY OF LICENSED HOME HEALTH AGENCIES

## CERTIFICATION OF DATA

On behalf of the administration of «NAME», I certify that the information in this survey is complete and accurate. After reviewing the information in this survey, I hereby submit it as an official record of the agency's activity for use in the state health planning process.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

E-Mail Address: (REQUIRED) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail Address: (REQUIRED) \_\_\_\_\_

**NOTICE:** Please review the data entered on this survey. Check that all questions have been answered accurately and in full. Refer to the instructions for each section if you have any questions. If any part of this survey is still not clear to you, please call Sheena Lewis at (502) 564-9592 before submitting the survey. It is important to complete this survey accurately by the deadline in order to be in compliance with licensing and certificate of need requirements. Failure to submit data timely and correct may result in the Office of the Inspector General being contacted regarding a licensure deficiency. Once data have been received, edited, and published by this office, no change will be made in the published report.

Policies regarding data submission and changes to data can be viewed on the OHP web site: <http://chfs.ky.gov/ohp>. By submitting this data you are certifying it is correct. All surveys must be submitted on the following website: <https://apps.chfs.ky.gov/OHPSurvey/>. Paper copies are no longer accepted as an official submission.